

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)	SERIAL NO. 10/586843	FILING DATE
	APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
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21		1		1		
22		1	1			
23		1		1		
24	1		1			
25		1		1		
26		2		1		
27		2		1		
28	1		1			
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50						
TOTAL IND.	5	↓	6	↓		↓
TOTAL DEP.	34	←	25	←		←
TOTAL CLAIMS	39		31			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						